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APPLICANTS

Thomas M. Fudali, McHenry, IL;
 William D. Nicholson, Waukesha, WI;

**** CONTINUING DATA****** FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 11	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

ADDRESS

McDERMOTT, WILL & EMERY
 60013th Street, N.W.
 Washington, DC20005-3096

TITLE

Wireless communication for diagnostic instrument

FILING FEE RECEIVED 1172	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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